

Verified

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

1681

CERTIFICATE OF DEATH

REGISTRAR'S NO. 278

PLACE OF DEATH AND USUAL RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Pima</u>		B. LENGTH OF STAY IN THIS TOWN <u>2 yrs.</u> IN ARIZONA <u>2 yrs.</u>		2. USUAL RESIDENCE A. STATE <u>Arizona</u>		B. COUNTY <u>Pima</u>	
	C. CITY OR TOWN <u>Tucson</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Tucson</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>1625 S. 7th</u>				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <u>1625 S. 7th</u>		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	3. NAME OF DECEASED A. (FIRST) <u>John</u> B. (MIDDLE) <u>Wellington</u> C. (LAST) <u>Colwell</u>				4. SEX <u>Male</u>		5. COLOR OR RACE <u>White</u>	
DECEDENT PERSONAL DATA	6A. NAME OF SPOUSE <u>Barbara</u>		7. DATE OF BIRTH MONTH <u>10</u> DAY <u>22</u> YEAR <u>84</u>		8. AGE (IN YEARS) LAST BIRTHDAY <u>75 yrs.</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Electrician</u>	
	9B. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>So. Dakota</u>		11. CITIZEN OF WHAT COUNTRY? <u>USA</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>---</u>	
	14A. FATHER'S NAME <u>Fred Colwell</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Wisconsin</u>		15A. MOTHER'S MAIDEN NAME <u>Lary Woodfield</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Wisconsin</u>	
	16. INFORMANT'S SIGNATURE <u>Barbara Colwell</u> ADDRESS <u>Tucson, Arizona</u>				17. DATE OF DEATH (MONTH) <u>February</u> (DAY) <u>7</u> (YEAR) <u>1960</u>			
CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <u>Chemia</u> DUE TO (B) <u>chronic pyelonephritis</u> DUE TO (C) <u>benign prostatic hypertrophy</u> II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH: <u>bronchitis-emphysema</u> INTERVAL BETWEEN ONSET AND DEATH <u>16 days</u> <u>4 yrs.</u> <u>4 yrs.</u> <u>4 yrs.</u>					
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION					
	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>2-15</u> , 19 <u>60</u> TO <u>2-7</u> , 19 <u>60</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>2-7</u> , 19 <u>60</u> , AND THAT DEATH OCCURRED AT <u>1:30 P.</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
DEATH DUE TO EXTERNAL VIOLENCE	22A. SIGNATURE (DEGREE OR TITLE) <u>John W. Hartman M.D.</u>		22B. ADDRESS <u>Tucson Ariz.</u>		22C. DATE SIGNED <u>2-9-60</u>			
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)			
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
	24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED			
FUNERAL DIRECTOR AND REGISTRAR	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>2/9/60</u>		25C. NAME OF CEMETERY OR CREMATORY <u>South Lawn Memorial Park</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Tucson, Arizona</u>	
	26A. DATE REC. BY LOCAL REG. <u>2-11-60</u>		26B. REGISTRAR'S SIGNATURE <u>Theresa H. Baker</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>Theresa H. Baker</u>		27B. ADDRESS <u>Arizona Mortuary</u>	
	28A. EMBALMER'S SIGNATURE <u>Theresa H. Baker</u>		28B. EMBALMER'S CERT. NO. <u>307</u>					
	FORM VS-2 REV. 3-15-55		25M AMPCO 25892					